

## MEDICAL EXAMINER'S REPORT

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**IMPORTANT** – The object of the examination is to determine that the candidate is physically and mentally fit to undertake a course of study overseas where he/she will be subject to the additional stress of living and working in a different culture and environment.

Your opinion is confidential to the Education Council of the Cayman Islands and should not be discussed with the candidate.

A. General appearance and complexion: (e.g. consistent with stated age.)

Height \_\_\_\_\_ Weight \_\_\_\_\_

Urinalysis – SG \_\_\_\_\_

Sugar: \_\_\_\_\_ Albumen: \_\_\_\_\_

Deposit: \_\_\_\_\_

Eyes: \_\_\_\_\_ Visual Acuity R \_\_\_\_\_ L \_\_\_\_\_

Nose & Throat \_\_\_\_\_ Teeth \_\_\_\_\_

B. Locomotor System- Upper Limbs \_\_\_\_\_ Lower Limbs \_\_\_\_\_

C. Cardiovascular System \_\_\_\_\_ Pulse Rate \_\_\_\_\_

Arteries \_\_\_\_\_

Heart Size \_\_\_\_\_

Heart Sounds \_\_\_\_\_

BP Systolic \_\_\_\_\_

Diastolic \_\_\_\_\_

Retinal Vessels \_\_\_\_\_

(If Hypertension present)

D. Respiratory System \_\_\_\_\_

E. Abdomen \_\_\_\_\_

Liver \_\_\_\_\_

Spleen \_\_\_\_\_

Hernial Sites \_\_\_\_\_

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- F. Reproductive system \_\_\_\_\_  
Menstrual history \_\_\_\_\_  
WR, Klein or VDRL/HIV \_\_\_\_\_
- G. Central nervous system \_\_\_\_\_ Reflexes \_\_\_\_\_  
Psychiatric assessment:  
Mood \_\_\_\_\_ Stability \_\_\_\_\_ Sleep \_\_\_\_\_
- H. Please comment on declared medical (if significant):
- I. (a) Is the candidate at present being treated for any condition? \_\_\_\_\_  
Please Specify \_\_\_\_\_  
(b) Is the candidate likely to need further treatment overseas? \_\_\_\_\_  
\_\_\_\_\_

Signature of examining doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

### NOTE

1. A CHEST X-RAY AND RADIOLOGIST REPORT ARE REQUIRED IN ALL CASES.
2. DISEASES UNLIKELY TO LEAD TO REJECTION OF CANDIDATE SHOULD BE TREATED WITHOUT DELAY AND TREATMENT COMPLETED BEFORE DEPARTURE.
3. LONG-STANDING CONDITIONS (e.g. DIABETES) WILL NOT NECESSARILY LEAD TO REJECTION OF CANDIDATES, PROVIDED THE CONDITION HAS BEEN STABLE UNDER TREATMENT FOR A SUFFICIENT LENGTH OF TIME.

## MEDICAL REPORT

**PART 1** To be completed by the examinee who is responsible for answering each question accurately. FAILURE TO DISCLOSE medical history in full may lead to rejection or cancellation of award.

A. Full name and permanent address (BLOCK CAPTIALS – BLACK INK)

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

B. Have you had any of the following? Yes \_\_\_\_\_ or No \_\_\_\_\_

Tuberculosis	_____	Gastric or Duodenal Ulcer	_____
Epilepsy	_____	Anaemia	_____
Pneumonia	_____	Recurrent Indigestion	_____
Poliomyelitis or other neurological disorder	_____	Gynecological disorder	_____
Pleurisy	_____	Jaundice	_____
Nervous disorder	_____	Malaria or other tropical disease	_____
Asthma	_____	Dysentery	_____
Psychiatric disorder	_____	Operations	_____
Allergic Disorder	_____	Kidney or urinal complaint	_____
Eye disorder	_____	Serious accidents	_____
Rheumatic fever	_____	Rupture	_____
Ear, Nose or Throat disorder	_____	Diabetes	_____
Heart Disease	_____	Varicose Veins	_____
Skin disease	_____	Any other serious disorder?	_____

C. If any questions above answered yes, please give the following:-

(a) Year                      (b) Treatment received                      (c) Any recurrence of lasting effects

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature to be signed in presence of examining doctor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date